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PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JUL 15 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000004358 (5)**

1. Corporation Name
ALLIED PHARMACY MANAGEMENT, INC.

APS PHARMACY MANAGEMENT, INC Name OK JP

Principal Place of Business	Mailing Address
8615 FREEPORT PKWY #250 IRVING TX 75063	8615 FREEPORT PKWY #250 IRVING TX 75063-2551

3. Date Incorporated or Qualified: 08/26/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1771 W. DIEHL ROAD, SUITE 210	26 1771 W. DIEHL ROAD, SUITE 210
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Naperville, IL	27 Naperville, IL
City & State	City & State
23	28
Zip 24 60563 Country 25 USA	Zip 29 60563 Country 30 USA

4. FEI Number: 75-2091355 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name 000002241636--0 -07/18/97--01090--004 82 Street Address (P.O. Box Number is Not Acceptable) ****550.00 ****550.00 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☒ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	WALTER, ROBERT D		1.2 NAME	William R. Korsun	
STREET ADDRESS	5555 GLENDON CT.		1.3 STREET ADDRESS	1771 W. Diehl Road, Suite 210	
CITY-ST-ZIP	DUBLIN OH 43016		1.4 CITY-ST-ZIP	Naperville, IL 60563	
TITLE	PDC	☒ DELETE	2.1 TITLE	Boyd P. Gentry Vice President	☒ Change ☐ Addition
NAME	KANE, JOHN C		2.2 NAME		
STREET ADDRESS	5555 GLENDON CT.		2.3 STREET ADDRESS	15415 Katy Freeway, Suite 800	
CITY-ST-ZIP	DUBLIN OH 43016		2.4 CITY-ST-ZIP	Houston, TX 77094	
TITLE	V	☒ DELETE	3.1 TITLE	Sydney K. Boone Secretary	☒ Change ☐ Addition
NAME	BEARMAN, DAVID		3.2 NAME		
STREET ADDRESS	5555 GLENDON CT.		3.3 STREET ADDRESS	15415 Katy Freeway, Suite 800	
CITY-ST-ZIP	DUBLIN OH 43016		3.4 CITY-ST-ZIP	Houston, TX 77094	
TITLE	V	☒ DELETE	4.1 TITLE	Edward L. Kuntz Director	☒ Change ☐ Addition
NAME	BENNETT, GEORGE H JR		4.2 NAME		
STREET ADDRESS	5555 GLENDON CT.		4.3 STREET ADDRESS	15415 Katy Freeway, Suite 800	
CITY-ST-ZIP	DUBLIN OH 43016		4.4 CITY-ST-ZIP	Houston TX 77094	
TITLE	V	☒ DELETE	5.1 TITLE	Leroy D. Williams Director	☒ Change ☐ Addition
NAME	TOMKO, CAROLE W		5.2 NAME		
STREET ADDRESS	5555 GLENDON CT.		5.3 STREET ADDRESS	15415 Katy Freeway, Suite 800	
CITY-ST-ZIP	DUBLIN OH 43016		5.4 CITY-ST-ZIP	Houston, TX 77094	
TITLE	V	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	COVEY, KRISTAN		6.2 NAME		
STREET ADDRESS	5555 GLENDON CT.		6.3 STREET ADDRESS		
CITY-ST-ZIP	DUBLIN OH 43016		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 7/3/97 (630)305-8000